## MULTIPLE DEPENDENT CLAIM FEE CULATION SHEET

(FOR 650 WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**CLAIMS** 

	AS FILED			AFTER LEAMENDMENT		AFTER 2 MAMENDMENT		15	AS F	ILED	AFTER		AFTER	
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PTO - 1360 (	REV. 11/04)										MENT of CON	MMERCE		